

House File 317 - Introduced

HOUSE FILE 317

BY DAWSON, HEDDENS, and
WESSEL-KROESCHELL

A BILL FOR

1 An Act relating to the provision of telehealth services by
2 mental health professionals relative to insurance coverage
3 and reimbursement under the medical assistance program.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. **514C.30 Telehealth services**
2 **provided by mental health professionals.**

3 1. Notwithstanding the uniformity of treatment requirements
4 of section 514C.6, a contract, policy, or plan providing for
5 third-party payment or prepayment for health, medical, or
6 surgical coverage benefits shall not require face-to-face
7 contact between a mental health professional and a patient as a
8 prerequisite for payment for services appropriately provided
9 through telehealth in accordance with generally accepted health
10 care practices and standards prevailing in the applicable
11 professional community at the time the services are provided.
12 Health care services provided through in-person consultations
13 or through telehealth shall be treated as equivalent services
14 for the purposes of coverage.

15 2. This section shall not be interpreted as preventing
16 a third-party payment provider from imposing deductibles or
17 copayment or coinsurance requirements for a health care service
18 provided through telehealth if the deductible, copayment, or
19 coinsurance does not exceed the deductible, copayment, or
20 coinsurance applicable to an in-person consultation for the
21 same health care service.

22 3. The provisions of this section shall apply to all of the
23 following classes of third-party payment provider contracts,
24 policies, or plans delivered, issued for delivery, continued,
25 or renewed in this state on or after January 1, 2016:

26 a. Individual or group accident and sickness insurance
27 providing coverage on an expense-incurred basis.

28 b. An individual or group hospital or medical service
29 contract issued pursuant to chapter 509, 514, or 514A.

30 c. An individual or group health maintenance organization
31 contract regulated under chapter 514B.

32 d. An individual or group Medicare supplemental policy,
33 unless coverage pursuant to such policy is preempted by federal
34 law.

35 e. A plan established pursuant to chapter 509A for public

1 employees.

2 4. This section shall not apply to accident-only, specified
3 disease, short-term hospital or medical, hospital confinement
4 indemnity, credit, dental, vision, long-term care, basic
5 hospital, and medical-surgical expense coverage as defined
6 by the commissioner, disability income insurance coverage,
7 coverage issued as a supplement to liability insurance,
8 workers' compensation or similar insurance, or automobile
9 medical payment insurance.

10 5. As used in this section:

11 a. "*Mental health professional*" means the same as defined
12 in section 228.1.

13 b. "*Telehealth*" or "*telehealth services*", as it pertains
14 to the delivery of health care services, means synchronous
15 video conferencing, remote patient monitoring, transmission
16 of asynchronous health images, or other health transmissions
17 supported by mobile devices, or other telecommunications
18 technology used for the purpose of diagnosis, consultation,
19 treatment, transfer of medical data, or exchange of medical
20 education information by means of audio, video, or data
21 communications. "*Telehealth*" or "*telehealth services*" does not
22 include an audio-only telephone call, electronic mail message,
23 or facsimile transmission.

24 6. The commissioner of insurance shall adopt rules pursuant
25 to chapter 17A as necessary to administer this section.

26 Sec. 2. MEDICAID PROGRAM — REIMBURSEMENT FOR
27 TELEHEALTH. The department of human services shall adopt
28 rules to provide for coverage of telehealth services provided
29 by a mental health professional under the Medicaid program.
30 The rules shall provide that face-to-face contact between a
31 mental health professional and a patient is not required as a
32 prerequisite for payment for services appropriately provided
33 through telehealth in accordance with generally accepted health
34 care practices and standards prevailing in the applicable
35 professional community at the time the services are provided.

1 Health care services provided through in-person consultations
2 or through telehealth shall be treated as equivalent services
3 for the purposes of reimbursement. For the purposes of this
4 section, "mental health professional" and "telehealth" or
5 "telehealth services" means the same as defined in section
6 514C.30, as enacted in this Act.

7 EXPLANATION

8 The inclusion of this explanation does not constitute agreement with
9 the explanation's substance by the members of the general assembly.

10 This bill relates to telehealth services provided by a
11 mental health professional.

12 The bill provides that beginning January 1, 2016, a
13 contract, policy, or plan providing for third-party payment or
14 prepayment for health, medical, or surgical coverage benefits
15 shall not require face-to-face contact between a mental health
16 professional and a patient as a prerequisite for payment
17 for services appropriately provided through telehealth in
18 accordance with generally accepted health care practices and
19 standards prevailing in the applicable professional community
20 at the time the services are provided. Health care services
21 provided through in-person consultations or through telehealth
22 shall be treated as equivalent services for the purposes of
23 coverage.

24 The provision is not to be interpreted as preventing a
25 third-party payment provider from imposing deductibles or
26 copayment or coinsurance requirements for a health care service
27 provided through telehealth if the deductible, copayment, or
28 coinsurance does not exceed the deductible, copayment, or
29 coinsurance applicable to an in-person consultation for the
30 same health care service. The section applies to individual
31 or group accident and sickness insurance providing coverage
32 on an expense-incurred basis; an individual or group hospital
33 or medical service contract issued pursuant to Code chapter
34 509, 514, or 514A; an individual or group health maintenance
35 organization contract regulated under Code chapter 514B; an

1 individual or group Medicare supplemental policy, unless
2 coverage pursuant to such policy is preempted by federal law;
3 and a plan established pursuant to Code chapter 509A for public
4 employees. The provision does not apply to accident-only,
5 specified disease, short-term hospital or medical, hospital
6 confinement indemnity, credit, dental, vision, long-term
7 care, basic hospital, and medical-surgical expense coverage
8 as defined by the commissioner, disability income insurance
9 coverage, coverage issued as a supplement to liability
10 insurance, workers' compensation or similar insurance, or
11 automobile medical payment insurance.

12 The commissioner of insurance is directed to adopt rules
13 pursuant to Code chapter 17A as necessary to administer the
14 provision. The bill defines "mental health professional" and
15 "telehealth" or "telehealth services".

16 The bill directs the department of human services to adopt
17 rules to provide for coverage of telehealth services provided
18 by a mental health professional under the Medicaid program.
19 The rules are to provide that face-to-face contact between a
20 mental health professional and a patient is not required as a
21 prerequisite for payment for services appropriately provided
22 through telehealth in accordance with generally accepted health
23 care practices and standards prevailing in the applicable
24 professional community at the time the services are provided.
25 Health care services provided through in-person consultations
26 or through telehealth are to be treated as equivalent services
27 for the purposes of reimbursement.